

1 which may function as the interstitial member described above. A third elongate shaft 970 is slidably disposed within a lumen defined by second elongate shaft 926. In the embodiment of figure 10, a proximal portion 945 of second elongate shaft 926 extends beyond proximal end 944 of first elongate shaft 924. Proximal portion 945 of second elongate shaft 926 terminates with a proximal end 946. Also in the embodiment of figure 10, a slider 942 is fixed to second elongate shaft 926 proximate proximal end 946 thereof. A portion of slider 942 is disposed within a cavity 948 (also referred to as a chamber) defined by a housing 950 (also referred to as a hub). In a presently preferred embodiment, housing 950 is fixed to first elongate shaft 924 proximate proximal end 944 thereof. Also in a preferred embodiment, a plurality of indicia 952 are disposed on a face 955 of housing 950 proximate slider 942.

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Please replace the paragraph beginning on page 22, line 18 to page 23, line 12 with the following paragraph:

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2 Figure 11 is a partial cross section view of a distal portion of catheter 920 of figure 10. As described previously, catheter 920 includes a first elongate shaft 924, a second elongate shaft 926, and a third elongate shaft 970. In a preferred embodiment, third elongate shaft 970 forms a point 958 proximate a distal end 976 thereof. Third elongate shaft 970 also defines an injection port 960 in fluid communication with an injection lumen. A flange 972 is disposed about third elongate shaft 970. Flange 972 cooperates with a mechanical stop 974 in order to limit the travel of third elongate shaft 970. In a preferred embodiment, mechanical stop 974 is fixed to second elongate shaft 926 proximate to distal end 936 thereof, forming an interstitial member between first elongate shaft 924 and third elongate shaft 970. The depth which elongate shaft 970 will penetrate into a target tissue (e.g., a heart wall) may be adjusted by moving distal end 936 of second elongate shaft 926 a known distance relative to distal end 934 of first elongate shaft 924. For example, a physician utilizing catheter 920 may urge slider 942 distally while visually observing the travel of slider 942 relative to indicia 952 of housing 950. In a preferred embodiment there is substantially a one-to-one relationship between the movement of slider 942 relative 952 to housing 950 and the movement of distal end 936 of second elongate shaft 926 relative to distal end 934 of elongate shaft 924. In the embodiment of figure 11, there is, preferably, interference fit between first elongate shaft 924 and second elongate shaft 926 to eliminate any slop, whether second elongate shaft 926 is tubular or comprises radial ribs, as illustrated in Fig. 11.

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